

Chairman Patty Murray

Opening Statement of Chairman Murray
Senate Veterans' Affairs Committee
Hearing: Seamless Transition – Improving VA-DoD Collaboration
May 18, 2011

Welcome to today's hearing to examine the ongoing efforts of the Department of Defense and the Department of Veterans Affairs to provide a truly seamless transition for our servicemembers and veterans.

It has been more than four years since the world learned about the shameful conditions and bureaucratic red tape confronting our wounded, ill, and injured servicemembers recovering at the Walter Reed Army Medical Center.

We have learned and done a lot in that time, and over the past decade that we have been at war. We have also learned much from what our new veterans have told us. Next week, we will hear from some of them about their experiences as we hold a follow-up to this hearing. Yet, despite all that has been learned and all that has been done to address these shortfalls over these last several years, and despite the significant improvements in cooperation between DoD and VA, substantial challenges remain.

One of the primary areas that require further improvements is the coordination of medical care for the injured.

As you both know, the prescribing of narcotics is on the rise in the military. A military doctor stationed at Madigan Army Medical Center, in my home state of Washington, recently cited an Army Surgeon General number that almost 14 percent of soldiers have been prescribed some form of opiate drug, with a full third of them being prescribed more than one opiate.

It is imperative that those individuals receive a truly seamless handoff to VA medical care so a provider there can manage those medications after the individual has left the service.

If that link is not made, those new veterans become far more likely to abuse drugs, become homeless, or commit suicide.

A key tool in this effort should be the post-deployment health assessments. However, I hear frequently from veterans that no one followed up on the results of their screenings, they did not get referred to VA care – nor did VA reach out to them, and there was no follow-up to ensure they received care.

This process must be improved.

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Care for those who have been traumatically injured is another key priority. Where DoD has outstanding prosthetic care, VA needs to do much better.

I was shocked to hear of a veteran who, after receiving advanced prosthetics from the military, went to VA to have them adjusted and maintained.

However, when the veteran got to the prosthetic clinic the VA employees were fascinated by the device, having never seen that model before, and were more interested in examining it than the veteran.

With the rates of injuries requiring amputation rising, we need to have the best possible care. As of early March 2011, 409 Operation Enduring Freedom servicemembers have needed limbs amputated.

Not long ago, the idea that battlefield medicine could save the life of a quadruple amputee was unthinkable, but now it is the reality. VA will then be responsible for these veterans for the rest of their lives, and must be up to the task.

After a decade of continuous conflict, I am concerned that the nation is becoming desensitized to the physical and psychological wounds of war.

While those watching on the nightly news may feel as though they have seen many such injuries, we can never forget how truly devastating some of these injuries are, and what an overwhelming impact they have on a servicemember or veteran's life, as well as on their family.

One tool to raise the quality of care in this area is the creation of the Center of Excellence on Amputations and Extremity Injuries, and all of the centers of excellence that were required by law.

Unfortunately, there has been very little progress in making these centers operational, with delays caused by what can only be characterized as bureaucratic infighting.

I know I speak for several Senators in saying we want these centers brought online, as the law requires, immediately.

Mental health care is another area where we can improve collaboration. I note that the Departments have agreed on an integrated mental health strategy, and I look forward to the results of your continuing efforts to meet the guidelines of that strategy.

This will be an important step toward making care more standardized and evidenced based, and will reduce duplication.

Health care is not the only area that needs better collaboration.

This Committee has previously looked at the Departments' joint disability evaluation system. While streamlining efforts where we can is important, the implementation of this joint program has not been without problems.

Unfortunately, the numbers for this new process are trending in the wrong direction and I would like to know what improvements the DoD and VA hope to make in this regard.

Just last month we held a hearing on employment and transition of new veterans.

As a result of that hearing and numerous discussions with employers and veterans, I have introduced the Hiring Heroes Act, which will help streamline the hiring process for new veterans, and equip them with the skills to successfully navigate the civilian employment market.

That legislation will also require participation of all servicemembers in the Transition Assistance Program. I believe this will dramatically improve the experience of servicemembers transitioning out of the military, and equip them with the skills needed to succeed in the civilian workforce.

This will be especially true as VA, Labor, and the military services update and revise their portions of the transition assistance program. The revised program should be more relevant, user-friendly, and tailored to the needs of the individual servicemember.

Underlying many of these issues are significant questions about I.T. solutions and how they affect health care and benefits.

I am pleased to hear that Secretary Gates and Secretary Shinseki recently agreed to a plan that will deliver a common, integrated electronic health record system.

This level of communication and integration has the potential to revolutionize the way we deliver health care to servicemembers and veterans, and dramatically improve our current efforts.

Deputy Secretary Lynn, I think you would call it a “force multiplier.”

We all want to see this project accomplished correctly and on schedule, and we expect to see the same level of commitment to the development of a joint electronic health record under the leadership of the next Secretary of Defense as we have witnessed recently by Secretary Shinseki and Secretary Gates.

As we assess the current state of DoD/VA collaboration, we must remember that the issues we confront today will not go away when the last troops leave Iraq and Afghanistan.

Rather, they will be with us as a nation for many years to come.

When we send servicemembers into harm’s way, it is our non-negotiable duty to take care of them when they return home.

Providing the best possible care and benefits to veterans is a cost of war, a cost that must be paid in full.

I want to thank both Deputy Secretaries for being here today.

In your capacities as the co-chairmen of the Senior Oversight Committee, you are the individuals who can make these things happen, and we are counting on your leadership of your respective Departments. We look forward to hearing from both of you.

I will now turn to Ranking Member Burr for his opening statement.